

And while I'd like to--I'd like to start out by saying as a person who is responsible for weight-loss programs and services at 30 countries, in 30 countries around the world, while our nutrition facts, our nutrition labeling, has opportunities for improvement, and it's great that we're moving forward, I can also come and say that we are the envy of the world in terms of the kinds of information that is available that really is not available in other places.

I'd also like to make the point that the Weight Watchers Program and the services that we offer, we have one of our core beliefs is that they need to be based in science. And, as such, Weight Watchers is not tied to a single dietary approach. In fact, we have a history of evolving our weight-loss program and services, our diets and programs, as science has evolved.

And I give you a couple of examples of that. And coming into the more, the closer future, in 1997 Weight Watchers introduce the points weight-loss system here in the U.S., and this thing off to the right for those of you who may not be familiar with it is what we call a points finder. And it relies on the nutrition facts panel, using per

serving the calories, the total fat, and the dietary fiber per serving to--then use your little slide calculator to come up with the points value for that. The points value is a single whole number, and the Weight Watchers Program is built on the--on you get so many points for the day. Stay within your points target, and you'll lose weight. And so it's a much more easy, portable way to use information than counting calories, counting grams of fat, counting grams of fiber. It rolls them all down into one single number, and this is an example of how we have used the nutrition facts panel, and the information that's available to the American consumer to make weight loss simple, easy, and livable for people.

And since 2000, while we are still on the points weight-loss system, we have based, and being convinced by the evidence that's been coming out associated with more of a dash-type approach to eating, increased our emphasis in terms of educational efforts on fruits, vegetables, whole grains, and non-fat dairy. We did that before, but we have increased our emphasis on that.

Now, being a for-profit business in a specific segment, we are always doing market research, because we

need to understand the issues, the attitudes, the beliefs, and really what's going among our core market. And our core market, as I should believe should be the core market of the people who are here looking at this workshop and how do overweight Americans use food packages and labeling, because we do have an obesity epidemic, our core market is overweight Americans who are interested and motivated to lose weight within the next few weeks or to start that weight-loss attempt within the next few weeks.

We do our market research in a number of ways, including quantitative surveys, focus groups, one-on-one. And so, would I would like to do is spend the bulk of my time doing is to a little bit of a step beyond where Sue Borra took this morning and to take you into the minds of the typical overweight American in July, August, and September of this year, who knows they're overweight, and who is planning on taking action and starting a weight-loss program within the next month. That's who we're talking about.

One of our motivations for doing this is that, as a for profit business who is always doing market research, we look for kernels. We look for kernels of trends, and

then want to explore them in terms of how we can use this. What do we want to do about it. We want to be on the forefront. And one of the things that we were seeing is that we were seeing kernels, because kernels can build into beautiful plants or kernels can build into weeds. And we were seeing these kernels developing associated with the use of carbohydrates, and the emphasis of carbohydrates, particularly cutting out carbohydrates among our segment. And we wanted to really get behind that.

A couple of these kernels that led us to believe this research, and it was a concentrated research effort that we did, was that we know currently that about 25 to 30 million Americans are on a no- and low-carb diet; that 21 percent of women who are aged 18 to 64 say that they will go on one of these within the next two to three months. And certainly, we shop like everyone else in grocery stores and saw the abundance or the rising abundance of these no- and low-carb foods that were starting to hit the market. And we were interested in intrigued. And we also recently heard that \$13 billion from the food industry, a small bit in the \$500 billion food industry, but \$13 billion is currently estimated to be in no- and low-carb food sales in 2003.

So, again, to better understand both the consumer and the science perspectives taking a look at this, we did a comprehensive concentrated market and scientific research initiative in this. And I'd like to share the results with you.

I know the time is limited, so what I'm going to do is focus on the consumer side, to get you into the consumer's head. While some of the science is presented, I am assuming that you're familiar with that, and we'll stay away from that.

The market research consisted of 75 one-on-one, one-hour interviews that were geographically dispersed around the United States. As I said, a variety of dieters were targeted. All of them were overweight. All of them had between 30 and 75 pounds to lose, and all of them expressed a high degree of readiness to change to start a weight-loss program within the next month.

The one-on-one interviews were done by a trained clinical psychologist who does not work for Weight Watchers, and was then summarized in terms of a report. And then we further supplemented these findings with 14 focus groups in

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September and October. So that would add about 140 to 150 people to the base that we're talking about.

As far as findings go, I'd like to make clear, although it's not on a slide, that what I'm going to be talking about in going into the consumer's mind is summarizing all of this work. And I will only be saying to you things that were expressed by the majority of people who were interviewed and were expressed with a strong degree of conviction. So, I'm not going to say, well, one person out of the 75 said this, and so we hold it as a truth. We don't. Again, the views that I'm about to give you, or the synopsis, represents the majority of consumers stating beliefs with conviction.

One of the key things that I would like to--a key point that I would like to make, because it was a real learning for me as we were doing this, is we hear, and I've heard it this morning already, say that consumers are confused. They're confused. We asked consumers, are you confused, and they said, no, I'm not confused. I know exactly what's going on right now. And in the area of weight management, I believe this to be true. I have been told this to be true, and I believe it. And I am not

confused. And I think that that's a key point, because if you express to someone that you're trying to clear up confusion, and they don't think that they're confused, it makes a big difference.

Essentially, what we found were three gaps between the current state of the science and the state of consumer beliefs as it relates to the use of no- and low-carb diets. They have to do with how they work, do they work, and what does it do to your health? And there was an underlying thought process, again, that was believed to be true among the people that we believed--that we spoke with.

Basically, the American overweight person who wants to lose weight today believes that following a no- or low-carb diet leads to weight loss, despite eating unlimited amounts of food. And logically, therefore, it can only be the carbs that are in the food that turn into body fat, because how else can you eat unlimited amounts of food and lose weight? And, as we just heard, people are notoriously terrible at being able to estimate how many calories they're eating. And so there is a belief that because you can eat unlimited amounts of foods and foods that we have beat into people are a high calorie foods that they believe that

they're actually consuming more calories and losing weight. So, it has to be the carbs. There can be no other logical explanation.

In addition, the conviction of this belief is strengthened because there is a strong belief among these people that a no- and low-carb diet is the current recommended treatment for diabetes. Diabetics are on controlled carb diets. Controlled carbs must be no-carb; therefore, these diets are what's used to treat diabetes. Diabetics have to watch their diet and be concerned about their health. So, if it's good for a diabetic, it's good for me, because I know I'm at risk for diabetes because I'm overweight.

And then they're bombarded with a lot of information from the media when they go grocery shopping again to reinforce this belief that they have.

So, let's take a quick look at those three gaps that exist between what people believe to be, they believe to be today, and perhaps what the science is suggesting.

As far as the way it works, there is a popular belief, held by many millions and millions of Americans today, that all carbs turn to sugar in your diet. Only

carbs are converted into body fat. The others--I don't know what happens to them, but nothing--they don't go to fat; and that on a no- and low-carb diet, you can eat more calories than before. In fact, calories don't matter. Calories don't count; and that without the carbs, your body, because only carbs can turn to fat, if you don't eat the carbs, your body has to get energy from somewhere, so it breaks down the fat.

And to add to that, to be synergistic with your body having to cut down the fat, if you eat fat, it helps bring more fat out of your fat cells, and lose more weight. As it was so eloquently put by one of the focus group, or one of the interviewees, I don't know how it works, but I know the fat eats the fat in your body, and it's a beautiful thing.

[Laughter.]

But do these diets work? Do they work in the short term? Do they work in the long term? I think that one area of potential synergy in terms of the science and the belief is that in the short term, these no- and low-carb diets work faster than other diets. There is a greater

weight loss in the initial stage than they've seen in terms of their previous experience.

And that recent studies have shown, again, this is the popular belief, is that recent studies have shown, because I do read the newspaper, that these no-carb and low-carb diets work better than other diets in the short term, in the long term, for the rest of my life. If I lose weight this way, it will stay off. It's been proven. I read it in the newspaper.

Implications on health. I already spoke to this; that the current popular belief among the overweight American today is that these kinds of regimens are the preferred recommended treatment for diabetes; that these, this methodology has been given a clean bill of health, by leading obesity experts; and that the no- and low-carb diets represent the latest nutritional thinking by leading experts. And I think that in some ways, perhaps we can adjourn and convene and that, because we heard from several, not a majority, being clear on that, not a majority, but probably about one or two dozen of the consumers that we spoke to that the pyramid is coming out in 2005. Meat is on the bottom. Bread is on the top.

It's been decided. It's just going to take the government while to get the picture done.

A couple of other things that came out of this research that, again, I--they didn't fit into my nice little format, so I can't--so I just put them on a different slide. But sitting in the back of the room became a bit of concern is that the other overriding belief among the adults that we spoke, and it was all adults that we spoke to, is that this type of dietary approach, while proven to be safe and efficacious, the way you treat diabetes, you know, you really shouldn't feed it to your kids. Kids needs fruits and vegetables. And kids need low-fat milk. And we were concerned about this enough to being asking the question later on in the survey process, is do you believe that if you eat one way, and you feed your children other, and you tell your children not to do what you're doing, do you have a concern associated with that? An the uniform answer was no. My children do what I tell them to do and don't look at what I do.

Also, we heard in terms of speaking with people a couple of just fun stories. One is that there was a concern associated with the continuation of the new habits with the

return to bad habits. One woman spoke eloquently of her husband, who had lost some weight on a low-carb diet, and said for 30 years his breakfast had been toast and juice. And then he switched to bacon and eggs. Now, he had bacon and eggs, toast and juice. And was enjoying himself.

And the third thing that I just thought was interesting was spousal syndrome. That's the effect of weight on the other members of the household when one was following one of these regimens, because the other foods are there, and they eat everything, and there's actually weight gain.

So, the conclusion based on this research that I thought this group wouldn't get much to hear this kind of thing otherwise, especially with it being so timely, this has only been--we're talking about two to three months down--is that there are currently consumers that have strong misbeliefs about carbs, and carbs is definitely the next wave in terms of weight management. People do look at the carbs on the label.

The gaps in the understanding are making them make decisions, look at labels for things that perhaps were not intended, and if there was a better knowledge, they might be

making different decisions, and that these gaps, it is a wave, and it's just a little, it's just a little ripple right now, but it is growing into a wave.

The biggest concern that I have as a health care professional, and I would again like to reiterate that Weight Watchers isn't tied to any specific dietary approach. So if low-carbs, reducing carbs, cutting out all carbs, is demonstrated to be safe, efficacious, and the way it should be in the future, we can go there. We can go there pretty quickly.

But as a health care professional, I have a concern, and I've heard it expressed this morning, and I'm so grateful to hear that others are seeing it and are expressing concern before, and that is that we not repeat what we did with fat.

Ten years ago, I sat in focus groups, and I heard people talk about calories don't count. It's all about fat grams. Calories don't make you fat. Fat makes you fat. It's the ice cream I eat that makes me fat.

Today, I could have listened to those same tapes and just substituted fat for carbs. Calories don't count. It's the grams of carbohydrate that I eat. Calories don't

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make you fat. Carbs make you fat, and it was that high carb ice cream that did me in.

I'm concerned because I think that many of us experienced it in terms of the low-fat wave; that we thought that we were doing good. We overemphasized. We simplified messages too much, and we were left with a public who said that they felt that they had gone through the fat prod; that they had done what they were told, and the were heavier than ever. I see us on the cusp of doing that again.

Weight Watchers so now in terms of the labeling, Weight Watchers is really strongly convinced that any regulations regarding the food packaging claims and labeling needs to be science-based. I think we would all agree on that.

I think perhaps where we have fallen short, and I raise this as just a discussion point, has to do with context. We heard about context this morning, and I'd like to just add a thought, if you would, to the area of context. I believe that essentially there are three contexts, and this is where there's a lot of cross coverage, and a lot of the confusion comes in, because we eat food for many reasons. But from a scientific perspective, we can eat food

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to prevent a nutritional deficiency. We can eat food to optimize health and prevent a disease. And we can--and we do eat food to achieve or maintain a healthy body weight, and those contexts get interchanged; and the messages associated with them get interchanged. And the context in which things are presented is not clear.

Olive oil is healthy. Do you know how many people poured olive oil all over everything and thought they were going to lose weight? Olive oil, lard, same number of calories. The context wasn't there, and so I think that that is something, if we are concerned about the obesity epidemic in the U.S., and we want to use the labels and the packaging and the health claims to convey that, it's very--it needs to be very clear when a statement is being made the context. What is the outcome when you're saying something's healthy or it's good?

And just as a point of information, I appreciated this forum to be able to provide you with the small little blip that Weight Watchers is trying to express these views out to the public. We have what we're calling about The Truth About Carbs Initiative. I have provided a copy of the brochure for everyone who is here. And what we are doing is

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we're trying to get information out in terms of carbohydrates that although carbohydrates are created equal, don't throw the baby out with the bath water; and that we have different forums for this. We are providing it to all of our members, which is several million people in the U.S., making it available to the public, physicians, and professional organizations. Thank you.

[Applause.]

"HOW DOES THE CURRENT LABEL AND PACKAGING HELP OR
HINDER THOSE ENGAGED IN WEIGHT-LOSS PROGRAMS?--FROM
A GENERAL DIETICIANS PERSPECTIVE."

DR. PHILIPSON: The fact that we're roughly--and I heard numbers being mentioned in the neighborhood of \$40 billion or \$50 billion being spent on dieting-related behavior. And I also heard numbers that very few of these diets seem to work in the long run. That fact has sort of motivate part of the Obesity Working Group to look at ways in which FDA could potentially facilitate any kind of learning or certification about diets. Presumably on a voluntary basis; certainly on a voluntary basis in the sense that currently FDA provides--evaluates information about the safety and effectiveness of a lot of products, devices, and

biologics and drugs. And the potentially the same model could be applied to diets. That is to say, what are the consequences in terms of safety and efficacy of a given diet. And so, we very much welcome public comments to this workshop on the topic of whether such an effort would be useful in terms of having some kind of certification process or evaluation process of the science underlying effectiveness claims about particular diets.

That relates to the second speaker on the same topic, which is Susan Cummings. She's the Coordinator of Clinical Services at HMG Weight Center, American Dietetic Association. She's going to be talking how to--about how the current labeling and packaging help or hinder those engaged in weight-loss programs, from a general dietitian's perspective.

MS. CUMMINGS: Good morning. Well, I want to thank FDA for inviting me here, and I'd also like to thank my colleagues at the Washington Office of the American Dietetic Association for putting together the testimony that is your packet.

I am here today not only as a representative of ADA, I need to say the disclaimer that any subjective

information that I provide is my own and coming from a dietitian out in the trenches perspective. But the American Dietetic Association is the--this nation's largest organization of food and nutrition health professionals. And dietitians are trained to take the science, the very complex science of nutrition and bring that to the individual, make it applicable, make it interpretable, and then to not only take that education, to not only educate with that information, but to help affect behavior change.

And so we do that by providing medical nutrition therapy. Now, I've been a dietitian for years. But the last 16 of those years specializing in weight management. And I have to say that my career has sort of gone the rocky road of the dieter in this country. You know the '70s and '80s, we thought of as the dieting decades. I think of as the dieting decades.

So if an individual came to me to lose weight, I would go and design a diet for them, and give it to them. And if they came back, and they didn't lose any weight, well, there's something wrong with this diet. And I would run back and redesign the diet and find another diet and

give them that. And if they came back and lost weight, great. And so that was the great diet.

And then, as time went on, I think the culmination of the dieting decade was in the late '80s, if you remember Oprah Winfrey. Does anybody remember Oprah coming in and carrying--dragging a wagon full of fat, 67 pounds of fat that she had lost on this diet. And, at that time, it was a protein sparing modified fast. And these diets were provided in medical centers, with multidisciplinary teams of dieticians, doctors, physical therapists, and the diet was terrific. It worked. But what happened a year later? Oprah and everybody else who went on this diet regained the weight.

And to me, that was the culmination of the dieting decades. Okay, diet doesn't work. We've got to stop trying to find the perfect diet.

And we moved into the '90s, which not only brought on a non-dieting movement and a size-acceptance movement, but we started toward, and I for one agreed with, looking at a healthy, eating healthfully, and not so much focusing on dieting. And so, low-fats became an important message

because Americans were suffering from heart disease, primarily, and we needed to look at fat.

And the problem was is that, when I, as a dietician, recommended a low-fat diet, I'm thinking in terms of more fruits, vegetables, whole grains. Well, unfortunately, that message got very misconstrued. And the food industry, in their zeal to give Americans what we want, consumers what we want, and to address this need of low-fat, you know, started making claims on food labels. Low fat. Low fat.

So people who never ate chips were eating chips because they were baked, and they didn't have any fat. People who maybe didn't eat a lot of cookies started eating Snackwell cookies because they were low-fat.

And so, what happened is, is we started eating less fat and about 150 more calories a day.

So, we have to be very careful, again, as we've heard a number of speakers say today about the message that we give. And I'd like to--what am I doing? I don't want to end my show. I don't want to end it. Richard? I want to know--I want to change the slide. There we go.

So the American Dietetic Association has always supported mandatory labeling and has participated in the talks that had led to the Nutrition Labeling and Education Act. And I have to say that, as a dietitian, currently I work as the Coordinator of Clinical Services at the Massachusetts General Hospital Weight Center, where we have a research component, and we also provide adult and pediatric clinical programs.

Our programs provide a lifestyle intervention programs of diet and nutrition, physical activity. We have programs for binge eating disorder, and also we provide extensive programs for individuals undergoing weight-loss surgery.

And every one of these programs has a protocol that includes label reading and teaching labels.

And when I was asked today--why do I keep doing that? Let me do that. When I was asked today to talk, the topic that I was asked to talk about was current food--do current labels and packaging help or hinder those engaged in weight loss, a dietitian's perspective. And I thought, well, can we answer that. Do they help? Maybe. Do they hinder? Maybe.

But first I think we have to put in the context of which we're talking about, and that is obesity. What causes obesity? And in the very general sense, obesity is caused by some combination of genetics, development, and environment. And the environmental influences are those that influence our activity, our physical activity, our movement, our exercise, our food choices, how much we eat, what we eat, the content of what we eat.

Developmental causes, the way I like to think of developmental are those things that are hardwired in at a very early age. For instance, you could be--I'll use a non-food example. You could be raised in Austria, let's say, and you learn how to speak Austrian. You're not born with an Austrian accent. You learn how to speak Austrian.

Then you move to the United States, and you're very smart, and you're very rich, and you may even be very successful. You may even become the Governor of California. However, you still speak with an Austrian accent. That is something that's been hardwired in since a very young age, and very difficult to change.

Well, from a food and behavioral perspective, there are a number of behaviors that get wired in at a very

early age that I find 40- and 50-year-olds, people that I work, still struggle with trying to change. That may be mom, I don't feel good. Honey, let's get some ice cream. So that we learn to feel better and to comfort ourselves with food. And then as we get older, and mom's not around, food is comforting us.

That may also be--there was some work done by Barbara Rules [phonetic] and her colleagues at Penn State. And they looked at the influence of portion sizes on children. Now, we all know if you take a toddler, and put a toddler in a high chair and give this toddler food, when this toddler's finished eating, what happens? There's still more food on the plate, but what does the toddler do? Throws it over. Puts the plate of spaghetti on their head. They're not going to eat it. Their internal regulators are not going to eat the food. But then, there's some evidence that suggests four-, five-, six-year-olds will actually override that and will eat what's put in front of them.

In one study that she did, and I'm going to sip of this, if you don't mind--and one study that was done was and they gave four-, five-, six-year-olds lunch, a standard lunch over a period of time. And then they increased the

size of that lunch by 15 percent, and the children ate the increased size without commenting, without feeling like they were eating more.

They did the same thing with dinner, and increased that size by 30 percent.

So, in fact, in the early--portions do matter. And if we have--if we think about food labels, they're not only--or how we're going to impact food packaging or if we need to impact food packaging. I think of it in terms of it does have a place. It has a small place in the environment, and teaching people how to change their eating and giving them the knowledge to do so. And it may also play a role in the developmental stage, because if mom's reading the label, or mom's serving smaller portion sizes, then the child's getting smaller portion sizes.

Now, all of this, of course, is influenced by genetics. We cannot become overweight or have obesity without the predisposition to--without the genetic predisposition. And what makes this such a difficult disease to deal with is that we don't have one cause. There is not one gene, like blue eyes and brown eyes, that cause obesity. It's a polygenetic disorder. And what may have

happened to those children who could eat more food when it's presented to them is they may have a genetic defect where they don't have the same fullness level or their satiety level, you know, is higher. So that it may take more food for them--you know, they may be able to eat more food without feeling uncomfortably full.

Now, if we look at genetics, and we think about then and now, you know, we can't say that what's causing Americans to be heavier now. Is it our genes? Because obviously our genetics haven't changed. So what's changed over the course of time?

And basically, if you look at this slide, and you look at then; let's say then is--boy, I'm really challenged here. All right. Let's say then is 1965, and in 1965, let's say that my sister and I share 50 percent of the same genes, and my genes in 1965, you know, we're genetically predisposed to obesity on a continuum. So some people may have a 20 percent predisposition. Others, 30 percent. Others, 50 percent. And let's say I have a 20 percent predisposition to have obesity. Now, obesity is defined as a body mass index of 30 or higher. Mild obesity starts at 30. And let's say that my--I stand right here in the

yellow, and I have a 20 to 30 percent predisposition to obesity. And my sister, let's say, right here in the red, and she has a body mass index of 30, and this is back in 1970, when, in fact, I'm outside the phone rings and I got to run through the house and answer the one phone in the house that's hanging on the wall. Or I'm sitting and watching TV, and I have to get up and down and change those three channels. Or fix--get up and fix the ears on the antennae. Where I have to move a lot more, and where the food--and where food is not as easily accessible.

Now, let's fast forward to 2003. I don't have to move as much. I can actually sit in my chair, change the channels, answer my phone, and work on a computer. And I can do that for hours and be very comfortable. And I have a sofa with a secret, which was some furniture was advertising up in Boston not long ago, I can flip up the little pack and take out my snack foods that are there.

So, in this environment, my 20 percent predisposition to obesity is pulled right over. My poor sister is now has obesity at, you know, severe obesity. So you can think of the environment as an SUV, just pulling the genetics right along.

So, how, you know, so how do we deal with this? How do we work with this? Well, the American Dietetic Association did a trends and you, nutrition and you trends 2000 survey, of 700 consumers, male and female, head of households, age 25 and older.

And what we learned from this was that number one: individuals were asked what are their biggest concerns that they read about in the news; that they're aware of. And 65 percent of them were very concerned about obesity, and 53 said that their greatest concerns was obesity.

Now, if--one of the things that dieticians are trained in is how do you affect behavior change, and there's certain tools--education alone, knowledge alone does not change behavior. We know some of the smartest people in the world who are smoking. I mean, it just doesn't change behavior.

However, you do need an awareness, and you do need knowledge to start making that change. And there are tools of cognitive restructuring and motivational interviewing that help bring people along.

And so, we know now that the first level of awareness is there and that that is important for change; okay?

We also know that consumers are increasingly aware of the connection between diet and health, that we seek information on nutrition and healthful eating, and that we select foods to achieve balanced nutrition and healthy diet. The problem is that sometimes that information is very confusing. We heard a lot of messages today, a lot of information today, about how, you know, the dieters are very confused, and I have to say that I spend 65 percent of my non-reimbursable time undoing the myths and the information that the consumer, that my clients, my patients come in with.

Now, an example is that 77 percent of consumers are aware of low-fat foods, and in this survey, 56 percent of those 77 increased their consumption of foods based on this awareness. So, awareness is important as a first step.

Now the current food labels address heart disease; that's why we have total fat and saturated fat. They address hypertension through looking at sodium. Diabetes

through carbohydrate, fiber, and sugars. Renal disease and proteins.

Will they help or hinder the individual engaged in a weight management for obesity? You know, we don't know that yet. I can tell you that as a dietician, and we heard Dr. Crawford this morning talk about most people who use labels now use it because they have a specific reason to use it. They're already sick. They already have a reason, somebody with diabetes has a reason to look at carbohydrates or has a reason to look at fiber.

But what about obesity; okay? Number one, I think if we look at the current label, I have to say from somebody in the trenches, working with individuals, seeing about 300 patients a month, that I can tell you that if you're looking for some room on the label, I think we heard a little bit about landscape on the label, I would recommend that you use the percent daily value space, because most people, number one, do not eat numbers and certainly don't eat percentages; and it's very difficult for an individual to look at a label and interpret that.

In addition, I agree with the comments we heard from Christine Taylor this morning that the label is not,

was not designed nor should it be, the end all and be all; that most people probably use it to compare one item to another item. So using it as a--you know, looking at a percent of a total intake is very confusing.

In addition to that, the reference diet of 2,000 calories is probably most people looking at weight loss do not, are not on a 2,000-calorie diet. For myself, at my height and my weight, I need about 1,700 calories to maintain my weight. Most of the people that I would say Weight Watchers probably works with are on 27 to 30 points, which is--whoops, how many calories is that? And so 1,400, 1,500 calories for women. Men maybe 1,800 to 2,200 calories. So the reference diet itself not only is a little bit hard to find on the label, it may not pertain to those that are looking or engaged in weight-management programs.

In addition to that, the perception is that the serving size--that serving sizes are larger than those on the food guide pyramid. Now, I love the food guide pyramid when it came out. I was back--you know, I was raised in the days of the four food groups. Anybody here remember the four food groups?

And from a nutrition perspective, the four food groups didn't really give you a lot of information. So when the food guide pyramid came out, I thought this is terrific. At least it's a visual. We can see that the base of a healthy meal plan is grains, fruits, and vegetables, and the problem is that the serving sizes have changed over time. And, therefore, a serving size on the food guide pyramid obviously is not the same serving size that people consume or nor that is used in the marketplace.

And, in fact, in Trends 2000 Survey, the only group that people could identify the correct serving size was bread. All others, they underestimated the food guide pyramid serving size or they overestimated what they were eating.

Okay, another limitation is packaged foods are not usually eaten in exact portions listed. So, it makes it very difficult for a consumer to translate the information on the package to their daily intake. And adding to the confusion is that if a product has half the--is half--less than half the weight of the standard-sized product, they can be--it can be considered a single-size serving. So, in this case, if you look at a 12-ounce can of Coke and an eight-

ounce can of Coke, the calories listed, the information listed is per serving or per container. But if you look at a 20-ounce bottle of Coke, the serving size is two and a half.

How many people here have recently seen an eight-ounce bottle of soda, Coke? I was walking through the supermarket not too long ago, and I saw it, and I--it looked like play food that I should have brought home for my daughter's kitchen. Talk about portion distortion. So, you know, most kids when they buy soda nowadays or people when they buy soda think a single serving is the 20-ounce bottle. Okay. You know, candy bars have gone up in size about five times since the '60s and '70s, and in the last decade about twice its size. How many people sit in the movies and eat this half of this 510-calorie Snickers bar? Most likely, not much.

And adding also to the confusion of serving sizes is what we actually get when we're out there. A--you know, the food guide pyramid recommends six to eleven servings of grains, and this here bagel is four ounces. How many servings of grains is that? How many servings of your six

servings a day that are recommended is this four ounce?

Yeah, it's four.

And the bagel place by my house is six ounces. So I have that bagel in the morning, I'm done with the grains for the day.

Okay. So I think it's important, and the other thing I want to get back to a little--you know, I just wanted to say is that this whole message of low carbohydrate, you know, high fat, low protein, high protein, it's not only confusing to the consumer. We don't really have the answers yet. Maybe, in fact, with the new sciences coming out around obesity, maybe, in fact, some people do better on a higher protein diet. And maybe, in fact, some other people do better on a higher carbohydrate diet. And we need to kind of put things in the context of, you know, a balanced diet, but also the more information that comes out about what causes obesity, what causes us to get larger, I think we'll be able to talk a little bit more about individualizing treatment. But no one diet is going to do it.

Consumers are seeking useful information, and they're paying attention, so we have their awareness and

their interest. But I think we have to be careful about how much information we're going to put on a label. This says, the new food labels are a bit more candid, but don't let that scare you.

And basically, I think if we give too much information as far as health claims, we're going to be back here every 10 years thinking about how are we going to change the label to meet the new needs. Ten years ago, it was low-fat. Today, it's high protein. Who knows what it will be next. And please, be careful, because, again, you know, we're out there in the trenches. I'm seeing people day in and day out that are so confused and have no idea what they're supposed to be doing, never mind translating numbers into a healthful diet. Oh, I did something, but that should probably end it.

So, I think I'll end there. Thank you for your time, and I hope this gave you some perspective of those of us in the trenches dealing with this issue.

[Applause.]

"WHAT LABELING OR PACKAGING CHANGES WITH RESPECT TO
WEIGHT MANAGEMENT MIGHT STIMULATE PRODUCT
REFORMULATION DECISIONS?"

DR. PHILIPSON: Labeling not only affects the choices that people make among current products, also the availability of certain products. We're going to hear next from Bob Smith. He's President of R.E. Smith Consulting on what labeling or packaging changes with respect to weight management might stimulate product reformulation decisions.

DR. SMITH: Thank you, Tomas. You'll notice we're running just a little behind, and so the solution we've come up with is that I can speak for the next hour, and we'll not have lunch in keeping with the--

[Laughter.]

What do you think about that, Tomas? Thank you very much.

You can see the title of the overall--that's it--got it--program today, and I was asked specifically to talk about what labeling or packing changes with respect to weight management might stimulate product reformulation decisions.

Well, first of all, I'd like to say, and, as most of the speakers have, I'd like to make a declaration that I do not speak for the food industry. I don't believe there's anybody in the food industry that speaks for the food

industry. But I have three decades of work in the area, and I have some observations I'd like to share with you today.

I'd like to start out with defining what are the factors, some of the factors that industry uses today when deciding to develop a new product or reformulate an existing one, particularly to make it a healthy food.

Well, here are some of the factors, and it's certainly not all of them. But first of all, you have to define what the health issue is. What is it that you are concerned about? What is the consumer concerned about? What are we trying to accomplish? Will the product make a meaningful contribution towards resolving this issue? And that's an important point. If you're coming out with a healthy product, the product must help to resolve it.

Can the health claim be stated is a very big item for the individual company that's making these products. Is there a consumer awareness about the health issue? Will the consumer the product a value added? Is the remedy safe? Can an existing product deliver the claim or do we have to use a whole new product type? And finally, of course, will the product generate a profit?

These are some of the issues that are talked about in the board rooms before that product is even considered.

Well, in the past, present, and in the future, the healthy products need points of differentiation. And that will be the theme underlying everything I say today. A company has to have points of differentiation before they can bring a product out on the market and make it successful. As I said, there are areas where we can make points of differentiation, and we certainly advantage of that in the industry. The ingredients statement, for example, is being used widely to bring about points of differentiation. For example, changes to more nutritious good ingredients; that is, whole grain flours instead of white flours. Removal of perceived non-nutrient bad ingredients. Colors, stabilizers, preservatives. People use that. Use of organic ingredients is used extensively in some areas, and use of good additives--probiotics, added vitamins, minerals, and anti-oxidants--are taken into consideration in ingredient statement approval or upgrade, if you like.

The Nutrition Facts Panel allows for some points of differentiation to be mentioned. Zero percentage of

perceived bad nutrients, such as fat, sugar nutrients, cholesterol, sodium, transfats, and high levels of good nutrients, then vitamins, minerals, fiber, protein.

We also have other areas on the package that we can use to make these points of differentiation. One is the front panel. This is very expensive real estate, but it can be used. And that's where you would flag such things at baked, not fried, sugarless, fat-free, cholesterol free, low in perceived bad ingredient nutrients, whatever they might be, high in perceived in good ingredients or nutrients, and that's where you'd highlight relationships between product and health factors, such as the oats in cholesterol lowering or low-fat in cancer connections.

And then on the back panel, you can actually tell a story, in many cases, about the nutritional value of the product--fiber and cancer, oats and cholesterol, calcium and bone health, cranberries and urinary tract health.

In order to underscore the fact that these points of differentiation are terribly important, I want to introduce you to a near relative of mine that I like to talk about, and it has been talked about today, as a matter of fact, Snackwells.

In early to late 1980s, we at the Nabisco Foods Group talked about what we could do to bring about a healthy product to the market, knowing full well that in that period of time, the population became aware of the fact that intake, that fat intake was implicated in many chronic diseases. Nabisco management, at that time, again, committed to making lower and no-fat products in their snack lines.

There were two challenges obviously. The major challenge for my group in the technology area was how to make a good tasting, because that's terribly important, functional, and a low-fat product. Marketing was also challenged in this particular endeavor. How does one position a new snack concept so consumers can understand the benefits, and, therefore, purchase them.

Well, from the point of view of technology, we pursued two areas. The first was the classical R&D fat removal and replacement process, where we replaced the fats with contemporary fat replacers at that time. And that result in low- or no-fat versions of virtually all the snack items at Nabisco, including the Snackwells.

At the same time, our fundamental research organization developed a lower-calorie fat, resulting in the commercialization of Salitrim, a five-calorie per gram [inaudible] stearified fat, later to be called Benefat, which is still under commercial use today.

And just so that--sorry--we look at the marketing objectives. Sometimes people like myself in research don't think much of marketing, but I certainly give them kudos. In addition to sustaining the project over a long time, which is very difficult for marketing people to do, they have a very short attention span.

[Laughter.]

The marketing folks at Nabisco have contributed three significant advances without which, I think, Snackwells may have failed. First, they secured the name Snackwells, which was just a wonderful name for a product such as we're making. Secondly, they undertook for the first time to package the product in green packages. That had never been done before, and you can see the impact of that. You can hardly go through a store now without all the packages being green. And finally, when the market demand exceeded our estimates, and that was a mistake we made, by

about 500 percent, the marketing group developed the cookie man advertisements, which clearly stated to the consumer that we were in a mess. We weren't producing enough of these things. Showed how consumers were intercepting our trucks and fighting over packages of this material in the storefront. It made an enormous communication vehicle for us. And so, that was a major, major contribution. And just so that we all know what I'm talking about, I brought along a couple of things here--these were on overheads. It will take too long to put them on overheads, but you've all recognized this. This is a picture of the Snackwell front package, just so you'll know what I'm talking about. And I have to admit that my wife is very unhappy. I carry this package around instead of that of the grandchildren.

[Laughter.]

She's not too happy with that. Also the back panel, and, again, you can't see it, but it indicates here a serving size is one of these cookies. It is a 50-calories per serving size or 50 calories per cookie, and it shows zero fat and zero saturated fats and all those nice kinds of things that we're trying--attempting to do.

Well, I've got to admit that the initial product sales were absolutely phenomenal. They went right off the charts. It was one of the biggest successes in the food industry I guess at that time.

The product also was very profitable. Consumer reaction was highly favorable, and instead of product cannibalism, which we talk about in the industry, where you replace one product with another--it takes the former one out. Sales of all of our crackers and cookie products increased, those in the low-fat and zero-fat, as well as the regulars.

And we were heros. Incredible.

All right. But then came the so-called Snackwell syndrome. I titled this Snackwell's a misunderstood product. Well, why was Snackwells misunderstood?

The consumers felt that low- or no-fat products were healthier and lower in calories, and they were disappointed to learn that they were not lower in calories. And there was a tendency to overconsume the product, as you have heard many times this morning already.

What were the lessons that were learned in that particular exercise? Well, most importantly, the consumer

recognizes, understands, and reacts to nutritional trends and information. That's a key element, particularly for companies that are making products. The consumer will purchase healthier products that meet perceived needs.

Healthier products need a clearly identifiable point of differentiation to be marketed, again the underlying theme. And, of course, every effort must be made to avoid the chance of misleading the consumer. And I had one other picture, which I'd thought I'd like to share with you. It happens to be the sugar-free Snackwells, but most importantly what I wanted to point out is a line underneath sugar-free on the front panel that says not for weight control. Keep that in mind when we're trying to differentiate between overt and not so overt misleading of the consumer.

Okay. To get to the point today, weight management. Weight management products also need points of differentiation. Important points of differentiation for weight management products are calorie reduction per serving, available calorie reduction per serving, because I am convinced that available calories are going to start becoming part of our lexicon. Serving size reduction, I

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still feel that's important, not to the extent of going to our mini-Oreos, but something less than the ordinary Oreo. Serving size packaging I think is important, despite my colleague from Illinois. I did graduate from Illinois many, many years ago. I can understand why Illinoisans eat corn, even if it's old.

[Laughter.]

I also sense the subtle change over from those high vertical narrow cylinders of silage to horizontal. That's all part of getting more food into animals. Anyway, weight management education is something that is suffering, and it's an area that I think companies can make as a point of differentiation.

Well, that implies there's something wrong with what we're doing, and I don't want to overdo that; but there are some things I think that we could nudge along a little bit.

First of all, serving size. The way we put serving sizes on labels today, I don't think it's compelling enough. It's not prominent on the nutrition panel. The reader is overwhelmed by all the other data that's on that panel. It's not displayed on the front panel, where people

read mostly. The number of servings per package is not prominently displayed. That's buried. And many products have individual pieces that could be a serving size but are totally consumed routinely, and we need to address that issue.

Calories also I think needs, an the prominence of calories, needs fixing. I don't thin the consumer is really fully aware of the liability of overconsuming calories. I don't think it's well understood, and that's something we should bring to the party. The calories are not prominently displayed on the nutrition label, even though they're there. The consumer is overwhelmed by all the other data I've just mentioned. They're not displayed on the front panel. They're not immediately related to serving size in a way that's very prominent. And it sort of leaves the impression that calories aren't important, which I don't think is a message we're trying to get across, particularly now.

So what would motivate industry to produce weight-management products? Well, obviously, I think what we need to do when specifically targeting weight management through labeling, the serving size and the calorie content of the

product per serving are the most important pieces of information the consumer requires.

And I think industry would be motivated to produce more weight-management products if they can use this information to differentiate themselves from other products that are in the store. Whoop. Hit the wrong one. I'm sorry. That should go away. Let's try it. Good.

So, what motivators do we need to work on? Obviously, I say calories. The total calories per container should be highlighted much more than it is. I think that would give the impression if I eat this whole thing, I'm going to get 800 calories. The effect of overeating calories could be illustrated somehow with a cartoon portraying the activity needed to work off the calories per serving. This is tying the excess calories to what it takes to get rid of them, and I--better people than me will work out this, I'm sure. But a hundred calories could, in fact, be related to 2,000 steps a day more or 500 calories means you have to run a mile to get rid of them. Those are the kinds of highlighting I think that are important in calories.

As far as serving sizes are concerned, there serving sizes could and should be reduced by industry, not as I said from the mini-Oreo to--the regular Oreo to the mini-Oreo, but something that's somewhat less than what the Oreo is today, for example.

Serving sizes need to be individually wrapped. That's an expensive proposition, and I certainly like the idea of the colored chips to differentiate between serving sizes. But there may be ways that we could reduce that expense by eliminating some of the interior packaging costs.

Could products be differentiated by category, based on a number of calories per serving? This is an old idea that's been kicking around, but I think it's worth looking at again, even color coding it. For example, a serving size that was a hundred calories per serving might be green. One that is 200 calories per serving size might be yellow, and then red identifying those at 400 more calories per serving.

I think another thing that would motivate industry to make more management, weight management products, a good hard look at standards of identity. Some standards of identity need to be revised or eliminated. Standards of

identity reduce the manufacturer's ability to use novel and innovative ingredients and processes to produce products lower in fat and calories with the same or superior attributes.

I give, for example, cheeses that require minimum amounts of milk fat to qualify for the name. It would be possible to lower the fat content several grams without the loss of taste, but we'd still need to sell it as cheeses, if we could. Ice cream has been mentioned a few times. That calls for specified solids and butterfat levels, but we have the capability right now to change the type of fat from saturated to polyunsaturates and such. Higher protein levels could be put in there quite easily.

And the thing that we're missing most is the fact that it could not be called ice cream at this time.

Health claims. That's been talked about a awful lot today. Approval of health claims needs to be accelerated and expanded, and I know there's an effort going on from the July 10th interim guidance documentation. There isn't any question that that could be expanded and approvals accelerated. My personal view is that companies who invest in claims substantiating should receive some proprietary use

of the claim. If a company has put a lot of money into a claim substantiation, they should have something just as simple as a six-month lead time, or one-year lead time on the claim before everybody has access to it.

Nutrition quality claims is something I think we need to look at. Well, we talk about health claims and then their relationship to disease, nutrition quality claims may not necessarily be tied to any kind of disease, and we need to explore the nutrition quality guidelines for reducing calories. And I've jumped from the idea to a possible outcome. This product needs government guidelines for reduction of calories. Or this product needs government guidelines for weight management foods. I think there's a germ of idea that should be pursued. Of course, every company would like a seal of approval from the government on their product, and would the FDA ever consider a seal of approval for foods for weight management. That implies, of course, we know what the weight management food is, and that hasn't been worked out yet I guess.

Education. That's the thing that has not been enforced or induced to the extent necessary, and there's no question that manufacturers can bring a lot to the party on

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weight management education once we decide what the message is.

Obesity is caused by excess intake of calories and or insufficient activity to burn off these excess calories. That's the message that's got to come in some form, and we're going to talk about that later I guess.

How do products fit into an overall weight management program? That's the piece of education that manufacturers can do. How much activity expenditure is required to work off the calories that we're talking about. And, again, that's a possibility that we can do on our packages quite well.

And so, I may be out of the realm of understanding here totally, but from my perspective at least what we need is an FDA industry consumer panel to identify the voluntary, and I underscore the word "voluntary" consumer weight-management messages appropriate for packaged goods, particularly for adolescents, because I think if we can get to the adolescent about what it is and what happens to excess calories, we're going to have a generation of people that are far more slim as you indicated today. And also parallel to that, of course, would be an FDA-FTC industry

consumer panel that identified voluntary consumer weight management messages appropriate for advertising. Remember there's a distinction between those two.

As an example of a little farther out of the box thinking, we might consider support of the America on the Move Initiative, generated out of Colorado. You may all be aware of that, where overweight was purported to be caused by small imbalances of calories ingested versus expended over extended periods of time. And their key was about a hundred calories a day will result in this--in a pound year of increased weight over maintenance. And so they are recommending a reduction of the caloric intake of a hundred calories, I think 75 was mentioned before--a hundred calories per day to maintain body weight.

And in thinking that through, for a 2,000-calorie per day person, this represents a five percent reduction in the intake of calories. Question: would the FDA allow a nutrition quality guideline, recognizing such a reduction? Obviously not on a product. That's too small. But if it were across a full line of products, would, in fact, a statement be able to be made that would differentiate that line of products from other things. Worth considering.

Okay. Let's summarize what I've talked about today real quickly, and I think I'm going to get you almost on time.

The motivators to encourage weight-management food development. Expand, accelerate, and diversify health claims; encourage single-serve packaging and measurement devices, and by that I mean where we have large containers with bulk product, perhaps the producer could put a one-serving size scoop in it or something, just to give us some idea that when we pour the cereals out in the morning, we're really getting four servings instead of one. I think that would be worthwhile. Encourage serving size reductions; revise the standards of identity, where appropriate; utilize nutrition quality guidelines to differentiate products for weight management; explore weight-management education programs, especially for adolescents; and continue enforcement on non-compliance. And this is an issue that major companies, who are very responsible have. If, in fact, we devise some of these nuances on the packages, it's important for them that the FDA particularly enforce those who are stepping over the line and abusing these possibilities, because it does lose credibility for the

entire food industry if a segment of it, even though small, is not playing by the rules. And so, the request is for a level playing field.

And then my last thought is to give you something to talk about over lunch perhaps, I would say what about making a weight management facts panel, wherein we would highlight calories per serving, possibly by color, as indicated before, consider some simple energy expenditure characterization so that people will understand the hundred calories means two thousand steps extra, and include other relevant weight-management information; that is, fat-calorie ratios or something. A very small weight management facts panel, if you would in order to get the space because space is expensive. Reduce the nutrition facts panel to emphasize the macro ingredients as opposed to some of the micro ingredients. And work with industry to offer a weight management information, such as the America on the Move, which, in fact is gaining in popularity, and I think the industry would be very supportive of explaining that on their packages.

So what I've talked about today is obviously individual observations. They all need study, and that's

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been mentioned many times before, and obviously when we come up with a result, it should be studied before it's implemented.

But I think we have a great challenge and opportunity to bring something to the weight- management problem that we're dealing with today. And I thank you for your attention.

[Applause.]

DR. PHILIPSON: Thank you very much. We're going to be meeting back here at 1:00 p.m. Lunch is best obtained at a big cafeteria in Nather [phonetic] Hall, which is directly outside. When you get out of the building, you just walk straight towards that building. There's a smaller cafeteria in the bottom of this building, but we suggest, given the size of the audience, that people walk over to the--to Nather Hall. Again, we'll be back here at 1:00 p.m.

[Recess.]

A F T E R N O O N S E S S I O N

WHAT CAN BE LEARNED FROM EXPERIENCES WITH LOGOS

OR CERTIFICATION?--THE CASE OF THE

SWEDISH KEY HOLE"

DR. PHILIPSON: Can everyone please sit down? Can everyone please sit down? We have two remaining speakers before our two roundtables. We're first going to hear from our Swedish colleagues, Åsa Brugård Konde. She was a nutritionist at the Swedish National Food Administration, and she's going to talk to us about the labeling system they have developed in Sweden, which is sort of a dichotomous labeling system. Her title is what can be learned from experiences with logos or certification?--the case of the Swedish key hole"

MS. BRUGÅRD KONDE: Okay. First of all, I would like to thank you very much for inviting me here. It has been interesting to follow the preceding speakers, and, of course, it's very stimulating for me and my colleagues at the Swedish National Food Administration that you're showing such great interest in our symbol labeling.

So it's a pleasure for me to tell you about it.

The symbol labeling started in 1989, and, before, two years before that, a heart symbol was introduced in the northern part of Sweden, where they had a project because of the higher coronary heart disease frequency that they had in that part. And the key hold labeling--no, the heart symbol was a part of that project.

And it got so popular that it created a demand of a national symbol. The symbol stands for low-fat and fiber-rich products. And why did we introduce this? Well, it's a way to help the consumers to chose low-fat and fiber-rich products. It's also a way to stimulate development of those products, and to facilitate the marketing of them.

It was also necessary to create a common and credible symbol for all industry and trade interests, because what had happened was that, as I said, it was a demand of a national symbol, but we weren't--or the National Food Administration weren't quick enough to do that. So the different food retailers started to have their own symbols.

Well, I'll talk more about that later. The main principles for the labeling is that it should be low-fat and fiber-rich food products, and that it's a better choice within different food groups. So it's not the same criteria

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for all groups, but it's different depending on the variation that you can find within the group. And foods that are naturally low-fat or fiber-rich are not labeled. And that's, for example, meat or fish and vegetables may not be labeled.

The symbol may be used on food, on packages, and also on store shelves. I think I have the wrong version--all right. Never mind. I'm looking at that one.

The criteria for labeling are set by the National Food Administration, and--but it's the manufacturers that are responsible for fulfilling the specified criteria. The symbol may be used without any charge or special commission, as far as they do fulfill the criteria, and it is voluntary; it's not mandatory. And what I would like to add as well is that it does not replace the nutrition facts on the packages. It is added to other information. It does not replace that kind of information.

We have different criteria for different food groups, and I'm not going to get into details about these--the criteria, because you can all get a little brochure that I brought outside here, where you have all those details.

But what is interesting is that there are, as I said, there are different criteria. This means that you can put labeling--the label on fat spreads, for example, which would be impossible if it was according to the fat energy percentage, because the fat energy percentage of fat spreads, even if they have lowered the fat percent as such, is still a hundred percent of the energy from fat.

On fiber-rich products, the criteria are based either on whole meal grain or on dietary fiber.

I don't know why if it's possible to get the right version, because otherwise I will miss half of the presentation. This is the one that I sent you before.

MR. LEVITT: Yeah.

MS. BRUGÅRD KONDE: So if we can get out of this one. Ah, but you have the other one on your copies I think. You have a lot of pictures, don't you? Yeah, well, so it's a pity, because it was the opposite--it was this version that I thought that you would get, and then I was going to show you the pictures with the animation and everything.

[Laughter.]

And now, it's the opposite. So, I'm sorry.

Well, I'll go on talking. Unfortunately, I cannot tell you about all these--the pictures. The symbol may also be used on ready-made dishes. And that was quite difficult to make it in a way that it shouldn't--that it should be useful. But, and it's written in the regulation that it should be a complete meal, and, with that, we mean a dish with meat, fish, or a vegetarian alternative with potatoes, rice, or pasta and sauce and vegetables. So this complete meal should contain not more than 30 percent of the--the fat energy percent should be less than 30.

For meals that are served in restaurants, there is a separate rule to make it easier for the cooks and to calculate; and that was that 17 grams of fat in the portion could be committed, but not more than that. And that is good if the dish gives around 500K calories. That's equivalent to 30 percent of fat energy. But now we have discovered that some restaurants serve very small meals, 200K or 300K calories, and, in that case, 17 grams of fat is quite a lot. And the problem with such a dish is that you will not get satisfied, and then you'll go and have a chocolate bar afterwards, and then you haven't gained anything.

There is also a very new project, called Key Meal. Even in Swedish, we call it Key Meal, and it's a development of the key hole for certified restaurants. This has come from one of the restaurant chains that are serving meals in universities. But now, it's getting spread in other chains as well. To be certified, the restaurants have to have 75 percent of their staff educated. They--the criteria are the same, but, as you can see, they have modified the symbol. They need--the restaurants have to have one key meal dish on the menu every day, and this thing is ruled by something which is the called the Society of Key Meal. And we are collaborating with them.

Now, do this--the knowledge of the symbol lead to better dietary practices? There have been quite a lot of master theses done on the Key Hole labeling. Not many scientific articles published on it, but there are some, and I'll tell you about the first two that were made in '96 and '99 by Lauschen [phonetic] and Listner [phonetic]. The first one was a 24-hour dietary recall. And then they analyzed the fat and fiber intake, especially. They combined this with an open-ended question on the meaning of the symbol. And the result was that 62 percent understood

the meaning of the symbol. But, in this first study, they couldn't see any association between the symbol knowledge and the total fat intake.

However, there was a small association between the symbol knowledge and a higher relative fiber intake. And the fatty acid quality of their diets, of those who knew the symbol, was also better.

Three years later, they made a food frequency questionnaire, and with the same kind of open description of meaning. That means that they didn't have to--they didn't have any alternatives. They had to invent the responses themselves. This time 65 percent understood the meaning, and both women and men with the knowledge of the symbol seemed to have adopted the low-fat message, and the women also had adopted the fiber-rich message.

The--one year ago, there was another study. This one is only in Swedish until now. I think they will publish something in English as well, but now we only have a report in Swedish. Here, you can see that 72 percent knew--associated the symbol with low-fat. This time it was that they had--the--all these alternatives to respond. Only 31 percent knew that it is fiber rich. And 33 percent thought

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it is low in calories. And that is often true, but it's not really the meaning of the symbol.

As you can see, it's also quite many that think that the symbol means ecological. And that, I think, is because of the green color.

[Laughter.]

Now, do they use this symbol while shopping? Well, 44 percent doesn't say that they do. It's always or often, and about as many do it sometimes in general. But for the products they asked, it was lower. So probably it's other products that they buy with the symbol, perhaps ham or other--I don't know what kind of products, but not very much milk, bread, or fat spreads. Fat spread is a little bit more than the other two.

Now, what impact has the Key Hole labeling had in Sweden? On product development, I would say definitely yes, it has had an impact. When it was introduced, for example, those who are producing cheeses said that it wouldn't be possible to make delicious cheeses with less than 17 grams of fat. And now you can find a lot of those products. And there are--it is very much used, and you can more and more products with the symbol.

Does it have an impact on the purchasing practices? Difficult to say. The studies I told you about say that the consumers use the symbol when they are purchasing. So, probably it has. What is interesting is that you can--I think it's the last year--you can see more and more of the symbol in this kind of publicity. You can see it even on the front page, at least you're sitting in the front here. I'll put these things so that you can look at them afterwards if you want.

So and I think those--the food retailers and the industry have much more money than we have to study the consumers. And since they are using the symbol so much, there must be a reason for them to do it.

This can also be said to be a sign that there is an increase in consumer demand for low-fat and high-fiber rich product. But, of course, there may also--even if we hadn't had the Key Hole labeling in Sweden, it could have been the same situation. I don't know.

A negative impact that the key hole labeling may have is that it can encourage overeating of low-fat products. I mean, even if the cheese is--has 17 grams of fat, it's still a lot of fat. And if it has--if the Key

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Hole symbol makes you eat slices instead of one, then it's no good.

Does the knowledge have an impact on the behavior? Probably, but we can't be sure of that. There are some shortcomings with the present criteria that I would like to share with you so that if you're going to introduce a similar symbol, you won't make the same mistakes as we have made.

The first one, which is very evident now, is that there are products with very high levels of sugar. For example, fruit, yogurts, and breads. Although they fulfill the criteria for low-fat, but if they are very rich in sugar, they are not nutritious food, actually. And the same thing is with the breakfast cereals, which may have a high fat content, even if they are also fiber-rich.

A perhaps even worse thing can be that the message is--can be misleading. We don't know enough about this. There is a student right now who is trying to make a study on this. If the consumers may believe that the lean sausage, which contains less than 15 grams of fat, perhaps they'd believe that that's a better choice than to buy fresh meat or fish, which is probably much lower in fat.

And, as I said before, the green color associates to ecologically produced products. So that's also an advice; that if you're going to introduce a symbol, a similar symbol, don't take the green color.

The National Food Administration has now decided that we should make a revision, and very unpredictable overview or revision. We're going to look at the limits for sugar and salt contents. Some of the ready-made dishes are very--contain a lot of--a high amount of salt. And that's, of course, not good, either. There should be some exclusion criteria for sugar rich or sodium-rich products for the not only restaurants meals, as I've written here, but, as it's written in your copies, for ready-made dishes I think we need to add more criteria to make it better. We may put energy levels, maximum, minimum. We may put something on carbohydrate content because, up to now, it says it need--it has to be a carbohydrate content, but perhaps that could be only macaroni. I don't know.

And we could put perhaps a criteria that says that it has to contain a certain amount of dietary fiber, or what I would like more perhaps vegetables, because many of those

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products--ready-made dishes that you can buy frozen don't contain much vegetables, and, to be a good dish, they would.

We are also going to look at the possibilities to use labeling of recipes in booklets and in this kind of publicity, because, until now, it's not. It's only permitted for recipes for restaurants. And we even have a book that I will leave for you. Unfortunately, it's all in Swedish, but perhaps you ask Tomas Philipson to translate the recipes if you look at the pictures and find them appetizing.

But what is happening now is about what happened when the symbol labeling started, because one of the pictures that I missed now since we have the late--we don't have the latest version on the PowerPoint--was how--there were two different symbols that the food retailers had started with, and that's why we got the Key Hole symbol. And now, they are also starting with their own symbols, since they are not allowed to use the Key Hole on recipes. So I think we will have to rethink about that. And the reason why it's not permitted on recipes for consumers is that it is--we have believed that perhaps they will change

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one of the ingredients and then the--it won't be fulfilling the criteria. But that I think we have to rethink of that.

Perhaps we should introduce labeling of naturally lean meat and fish, because we can't just think that people know. There have also been suggestions of putting the label on fruit and vegetables, but I think people know that fruit and vegetables are good food without even if we don't put the label on them. And if we do start that labeling, there will be a lot of difficult things to solve on--for example, ketchup, should it be labeled or not? And many of that kind of products.

Perhaps we should include new food groups, salads, like coleslaw or potato salad or dressing, are products that may be in the future could get the label.

The symbol needs to be developed. We need to increase the credibility of this symbol. One thing is to revise the criteria, as I just described. Another is to increase the control. There is very little control actually done on the Key Hole. And I don't think that the products that are sold in the stores that we would find any problems with those. But for the meals served in restaurants, I think that they may be a lot of meals that

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are getting--that--where the restaurants are putting the label on foods which are not fulfilling the criteria.

There is also a discussion if we should continue with the same system that the authority are having the criteria and the manufacturers are responsible for fulfilling them, or if we should have a similar system as with the Key Hole labeling; that there should be a certification. That will be also discussed during the coming year.

We are also now discussing in Sweden the possibilities to introduce differentiated taxes as a way to combat the overweight or the obesity that is increasing in Sweden, as well as here. And if the Key Hole gets really good, I mean, if we change the criteria in a good way, perhaps it could also be used as a tool for these differentiated taxes so that all foods that fulfill the criteria for Key Hole labeling could also have a lower tax.

In the future perhaps the Key Hole could become a common European or international symbol for helping consumer making informed choices.

So my conclusions are that the Key Hole labeling is very widespread and well known, both among manufacturers

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and consumers. You have to remember it's one of several important tools for making conscious choices, and there is an increased interest among manufacturers and retailers and restaurants, but the revision is necessary in many aspects. Thank you for listening.

[Applause.]

"MARKETING THE LABEL TO CONSUMERS"

DR. PHILIPSON: Okay, we're going to conclude the individual speakers with Allison Kretser, who is with--the Director of Scientific and Nutrition Policy at the Grocery Manufacturers of America. She--her talk is entitled Marketing the Label to Consumers.

MS. KRETSE: Great. Good afternoon. I'm delighted to be here this afternoon. I know that I spoke at the first FDA meeting, and so any of those comments I won't be resharing today; a little I will go back over.

First of all, I wanted to share GMA's Statement of Commitment on this issue; that the food and beverage industry is committed to helping to arrest and reverse the growth of obesity around the world.

Achieving this goal will require multiple strategies, the integrated efforts of many sectors, and

long-term resolve. And the industry is committed to doing our part, and will support others in doing theirs. And this is an issue where our member companies are collectively working, discussing, trying to see where we best can leverage our expertise in helping to arrest the growth.

Our member companies GMA helps to facilitate on various different issues of concern to the industry. An example that I work on is food allergen management. So, collectively, the industry works and looks at best practices. They don't do it in isolation. And this issue of overweight and obesity you do have the commitment of this industry to work together.

We want to continue to provide industry leadership to promote science-based efforts that positively impact critical nutrition and public health issues. We want to ensure that the global food and beverage industry is a positive force, and is a valid and responsible partner in addressing the obesity issue.

What is our commitment? Our commitment includes providing consumers with products to meet their health needs and goals. We have innovative product research, and research into nutritious products. We are assessing portion

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size and packaging. There's a lot of innovation that is going on in that--in both areas. I think you'll see change coming; is on the way.

Our industry is committed to responsible advertising and marketing practices. And we're supporting health and wellness activities for employees.

And we know that parents serve as role models. As they become engaged at the workplace, they can take that and bring that back to their families, as well.

On the issue of the label, there's a few things that--areas that I would like to discuss today. The first is on qualified health claims; that food choices are not a black and white decision, but it's a matter of finding the right balance. Qualified health claims provides a new tool for improved nutrition communication that will help to drive product innovation. Point of purchase we know that that's helpful. As consumers read about information in their newspapers, in magazines, if they see something on an advertisement, then that can be reinforced on the label.

We need to focus on empowering consumer choice, and not dictating purchases. We feel that the visual rankings that are under consideration for qualified health

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claims, whether or not a letter grade or perhaps some type of color coding for the use of qualified health claims would cover--would carry over to the entire food. So that if you had a B-grade, a C-grade, you know, what would be that impact to the consumer thinking about the food, the entire food. And it negates the point of giving consumers the information to make their own choices.

GMA submitted comments to the food guide pyramid revision process, and we are calling for a harmonization of servings and portion sizes. We know that the differences to the consumer between a serving, what represents a serving, what represents a portion; it's been discussed this morning. It's unclear to consumers, and it's confusing. And we support that servings should correspond to common household measurements. That's easily, the consumer relates to that.

Serving size, as referenced on the food label, should be aligned with the dietary guidelines and the food guide pyramid. And one of the things that the food industry has done is put the food guide pyramid on labels. We've seen that. We know that the pyramid is recognized by 80 percent of consumers. So now, we need to take it a step further so that we can begin to relate from the food label

how that positions to the pyramid, so it increases the opportunity for the food and beverage industry to communicate recommendations to consumers.

And you can cross reference how a serving fulfills the food guide pyramid recommendation directly to the consumer, so if you have a product like a casserole, you could then quickly see that if you had a portion of that food, then you'd have, you would have met two grains, half a meat, and one vegetable, as just one example. But that would begin to help provide some dietary guidance further.

In the area of nutrient content claims, the industry feels that incremental, but industry wide reductions in calories, fats, sodium can have a resounding impact on consumer health. Currently, we have reduced, it's 25 percent, you know, a minimum of 25 percent before you can use the word reduced, but sometimes what happens is the consumers sees that. If they see reduced sodium soups, we do not have a high market volume in those products because it's perceived perhaps for only those individuals that have been given dietary instructions that they need to reduce their sodium intake, and they already have a chronic disease in place. Those are the individuals who typically do look

for those types of products. If there were smaller incremental changes, we could begin to make a significant impact for all Americans.

Labeling changes could also provide new industry incentives to improve their nutritional profiles, even, in fact, if we could say 10 percent calorie reduction versus a 25 percent reduction. We know it's on--you know, you don't have to hit a home run every time you eat one particular product. A base hit can add up and get some runs in there as well.

Another area in the nutrient content claim area is the 50-gram rule, and it applies to foods that have a smaller reference amount customarily consumed of less than 30 grams. So one-ounce foods, which fall to 20 grams, have--it's very difficult to be able to make a low calorie claim, because it's based on, you must, even though the food, the serving size is 30 grams, you have to meet it on a 50-gram basis. So you'd have to have only 24 calories per serving instead of what the actual criteria is for low-calorie, less than or equal to 40 calories. The same is true on the low-fat. That it's a little bit tighter. So the restrictive

standards have had limited opportunities to market low-calorie or low-fat foods in these types of products.

We've heard a little bit about next steps in the consumer research and what we want to look at. We know that consumer understanding is based on accurate and clear messages, and we feel very strongly that as we look at how can the food label change, we need to make sure that consumer research is done so that we understand how does the consumer see these changes or additions to the food label. So GMA will be--has commissioned consumer research to gauge consumer understanding of calories, serving, and single- and multiple-serve packaging. Since, NLEA has been in existence since the early '90s, we have seen a growth in the number of single-serve packages that wasn't an issue when NLEA was first implemented. So now, it's time to take a look and see how whether or not we can find ways to enhance the message about the caloric content of those products, moving forward.

The other area that is a huge void is helping Americans to balance the calories in and the calories out, and how to balance that total equation of what they eat against what they do.

We heard a little bit about that this morning, and I know Bob mentioned whether or not you would have if you had a hundred-calorie food, and what you would have to do to burn off that hundred calories. We have great reservation about moving forward with something like that because you don't have to burn all the energy that you consume. You need the fuel for your body to function. And so that would be very misleading to the consumer if they had an entree that they thought that they would--you know, they had to go out and run it off, their slice of pizza that I had for lunch today. It's the excess. And so we hope that, through this consumer research, we can begin to be--to capture how to communicate that information and use it to help consumers.

Marketing the message. Nutrition education is about more than the label, but it can serve as a springboard for other efforts. The industry is committed to leverage product marketing across all segments to amplify the health and nutrition message, and, again, getting that message about energy balance. And we can do that through labeling, marketing, and advertising, retail displays within supermarkets, that whole channel. Consumer education

campaigns. Public service announcements, web sites, and brochures. And, as HHS moves forward with their Healthier U.S. Initiative, and their campaign in getting the word out to consumers, the industry is committed to helping to use our collective reach to helping Americans. Thank you.

[Applause.]

DR. PHILIPSON: Thanks for that. We're a little ahead of schedule, but while I propose we take a break until 2:00 p.m. Before so, I wanted to thank Rich Cannady, who is actually the main organizer of this conference, not me. He basically pulled the whole thing together and should be acknowledged as the main organizer. Me, myself and Peter Pitts [phonetic] and others who will be moderating the afternoon helped him do it. But without Rich, this wouldn't be possible. So I suggest we take a break, and we'll back at 2:00 p.m. with our two panels.

[Recess.]

FOOD PACKAGING AND LABELING

DR. PITTS: Your seats. The feature is about to begin. Good afternoon. My name is Peter Pitts. I am the Associate Commissioner for External Relations at the Food

and Drug Administration, and welcome to the expert views panel on food packaging and labeling.

I am going to introduce the panel in neither left, nor right order. I'm going to introduce them based on the piece of paper that I have in front of me. So, when I mention your name, just smile and nod to the crowd. I note immediately to my right, to your left, is Carol Tucker Foreman, of the Consumer Federation of America; Julie Caswell, Department of Resource Economics, University of Massachusetts, Amherst; Ron Henry, Senior Financial Officer, Program Officer, Robert Wood Johnson Foundation; Bill Dietz, my colleague from the CDC; Sue Borra, from the International Food Information Council--IFIC is so much easier; Bob Earl, from the Nutrition the Policy, National Food Processors Association; Rudy Nayga, Professor of Department of Agriculture Economics, Texas A&M; Brian Wansink, Director of Food and Brand Lab, University of Illinois; Karen Miller-Kovach, Chief Scientist, Weight Watchers, International; Susan Cummings, MGH Weight Center, American Dietetic Association; Bob Smith, R.E. Smith Consulting; Asa Brugard Konde, Swedish National Food Administration; and Allison Kretser, Grocery Manufacturers Association.

A couple of ground rules before we get started. Panelist, we have three minutes per panelist, and we have 13 panelists; that's 39 minutes. Let's call it 40 minutes to make the math easy. If we stick to three minutes, we'll have just under an hour for conversation and comments, so let's try to do that.

Also, when we do turn the questions to the audience, I would ask you, and I'll remind you, if you please identify yourself, your affiliation, as well as who you are directing your question to. That way, the audio record will assist us in the transcripts. I'm going to ask the panelists to address three major questions:

The first is: what are the messages suggested by the available data that are likely to affect weight gain, weight management, or weight loss?

Second: how might those messages be communicated through labeling?

And lastly: what are the pros and cons of communicating through labeling the messages that the data suggest?

So why don't we begin all the way down at the end, my right, your left, and it'll be interesting.

DR. WANSINK: What I'm going to do is reiterate a little bit of what I said in the talk that relates to these three questions.

And basically, eating is a very, very low involvement activity, particularly when it comes to making the decision as to how much we're going to eat. So we might be able to decide soup versus salad. But once we decide on soup, we have a hard time figuring out exactly how much soup we're going to eat; okay? And for many people, labeling is really largely ignored when it comes to a lot of food things.

As you might remember when I talked about the Subway versus McDonald's and we intercepted people coming out of Subways, less than one--in the most part, people had very little idea as to any of the health messages that Subway offered, even though they're on every napkin, cup, whatever. And that's one point is that people tend to ignore these labels. The second point is that they're very abstract. Calories are abstract for a lot of people, and there's a study that was reported in the U.S.A. Today today, and what we did is we gave people some food that either had no calorie, it had a calorie label that said 200 calories,

or a label that said that you would essentially would have to walk two miles to burn the calories in this food.

What we found is that if you label 200 calories, it made no difference in how much people ate. But if you actually talked about the consequence, you're going to have to exercise in order to burn this off, it was at that point that it reduced things about 18 percent; okay.

But there's other ways that we can actually go about doing this. We can make it monitor, and where I talked a little bit about the chip study, and we had the colored chip every seven or fourteen chips, when people hit colored chips, they kind of said, huh, you know maybe I have had enough. I didn't realize I was eating that much.

So in summary, this doesn't mean we shouldn't try to modify labels to be very clear, but essentially we need to be realistic of the impact, which I don't think is going to be very much. And we need to think beyond labels to think about ways we can alter packaging to make this much more easy for people to monitor.

DR. SMITH: Well, I really don't need three minutes. I've had these three questions for a month, and I still don't have the answer.

[Laughter.]

However, in order to consume my time, I will offer the fact that I think the message has to relate specifically and be focused on calories-- intake and excess calories over intake. I think that's a very important point.

In terms of how it should be on the labels. It should be focused. It should be simple, and it should be consistent across all foods that are going to be required or volunteer this kind of information.

As to the pros and cons, I will reiterate my position where we get too much on the label, the consumer will not use it. I think whatever messages and information we have should be categorized in a box or in some way that immediately draws attention to that point, pretty nearly to exclusion. And then we might have an impact. Thanks.

DR. NAYGA: I'm like Bob, I don't really know the answers, either. I guess as an academic, I want to emphasize, I think there's a lot of research needs. For one, I think it might be helpful if we can research--if we provide total calorie information in the packaging, and also what Bob mentioned earlier about the single-serving size packaging, if that will help.

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But I also want to reiterate that we need to focus as well on the overall diet, not just on single nutrients, because who knows ten years from now, we'll be talking about some other things.

The calorie obesity health claim might be a thing as well that could be evaluated. And I just read this recent article from the Journal of Economic Perspectives. A couple of Harvard professors, and they concluded that what's really causing obesity in the U.S. are these time saving food technologies that we have now in terms of food preparation, so that might be something that we can think about as well.

DR. PITTS: Thank you. I've forgotten one ground rule. Would you please introduce yourself prior to your comments? Thank you. Thank you, Rudy.

MS. MILLER-KOVACH: Hi, I'm Karen Miller-Kovach with Weight Watchers. And I'd like to kind of pick up. I think say the same thing that Bob said, but in a little bit of a different way. And that's by way of a story.

About 10 years ago, Weight Watchers had an exchange-based system, and we started out very weight focused. And, as new information and new science became

available, we wanted to incorporate it. And so we layered and layered and layered and layered information in, and it got very confusing. We had people counting egg yolks because of the cholesterol. We had people counting different kinds of fats or being given information about different kinds of fats for health reasons and not necessarily weight loss reasons. And when we took a good hard look, around 1995, what we found is that we'd done so many things right. We did the right thing associated with health, and we did it right, and we got the whole thing wrong, because it had just gotten too complicated.

We went back to basics, and we said, what are we about? We're about weight loss. That had to be our primary focus. In every decision that we make associated with doing anything with the program, the first thing we ask ourselves, what is our primary mission? And what is our secondary and tertiary missions? And to make sure that we are very focused. I guess I would say that if the nutrition label is to be used for weight management purposes to stop the obesity epidemic in America, it has to be focused. It has to be the primary and overriding being of its existence, and

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other information has to be considered secondary or tertiary.

MR. EARL: Thank you. Bob Earl with the National Food Processors Association.

I think just to, you know, echo a couple things that the other speakers will probably run out of ideas by the time we get to the end.

DR. PITTS: I wouldn't worry about that.

MR. EARL: That Karen said that we have positive, you know, we need to have positive messages and really give people tools on being able to learn how to eat, and not continue with messages about what to eat in a micro sense.

I think that this morning there were a number of things shared that is worth reemphasizing related to myths versus realities about different food components. But that's really an objective that needs to be carried out from a broad nutrition education perspective from health professionals, government, industry, and others. And the food label can't do that, but that's absolutely critical for Americans' health and weight management.

I think we maybe should look back at history and look at how the food industry dealt with the sodium issue

over a large number of decades, and slowly reducing and using technology to change to change the way foods were composed; and that, with or without, nutrient content claims, label statements, health claims and a whole variety of things, there have been a wide variety of changes to improve the nutrition profile of products.

And then one thing that I didn't hear mentioned this morning that is probably worth noting, particularly since there was an emphasis on serving sizes and single-serving packages is that we have to remember that that's not always driven by consumer desire or by the food manufacturer. But the retailer that is buying those products does sometimes make significant demands upon the food manufacturer, and that perspective actually isn't here at all today.

MS. CUMMINGS: My name is Sue Cummings. I'm with the American Dietetic Association, and I have to say that I think what I'm most impressed with today is the theme that's coming out of here. It seems like there's a lot of agreement. I haven't heard anything that, from any one person, that everyone didn't agree with, which is nice,

because it seems like we don't have to go through years of battling the issues.

From my perspective, I think labels are very useful, and when you talk about sodium, if you have hypertension, it's very easy to look at your sodium and know what to take and what not to take. How much to eat. How much not to eat. To add it up in the course of a day without carrying a calculator.

For obesity it's very different. And it's a complex disorder, and I don't--and surely, the food labels alone aren't going to fix that. But I have to concur with some of the former speakers that it needs to be a simple message on the label; that the bottom line with overweight is energy in and energy out, so we should focus on the energy coming in and focusing on calories on the label and making them stand out and making them interpretable, relatable, as very, very important. And I hope we learn from the whole no-fat movement that if we focus on one nutrient, or we start labeling foods good or bad, if you put low-fat on something, you're--then that's assuming that high-fat is bad.

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And I think we have to be very careful about that, because, like I tell my clients, you're not bad unless you kill somebody. You know, over and over and over, people say I was bad today. I was bad today, because they ate something that wasn't, you know, had more saturated fat than they thought they should have.

In addition to that, we're into, you know, another cycle of high-protein diets, and I think we have to be careful about following the dieting industry as far as our messages go. Three times a week at least, I'll have somebody ask me, I heard I shouldn't eat carrots because they have a lot of sugar, and sugar turns into fat. And, you know, my message is always if you're here because you ate too many carrots, I think you should stop eating carrots. But in the big picture, carrots aren't the issue.

So I think we have to be very, very careful about going after one single nutrient.

MS. BORRA: Hi, I'm Sue Borra. Thank you. I'm Sue Borra with the International Food Information Council, and just to be maybe more additive than duplicative, I look at these message and look at what is our goal.

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Our goal is to help consumers do a better job in healthy lifestyles and health behaviors. And I look at these three questions, and I almost suggest that we're not the group to even begin to answer these questions; that we should be going to the consumer with these questions to find out what their needs are. How they are dealing with these issues in the world that they're living in, and trying to have healthy lifestyles; and that should be the guide for whatever we do in this area.

While we're good professionals, we sometimes don't have our hands on exactly what consumers need.

MS. KRETZER: I'm Allison Kretzer with the Grocery Manufacturers of America. A couple of things that I might add or have almost been already said is when I looked at the first question, what was the messages suggested by the available data that are likely to affect weight gain, weight management, or weight loss, it's almost like you disengage the consumer right away, because consumers may understand that, yes, I'm overweight. But they don't want--they would rather approach it from how can I look at a lifestyle, a healthier lifestyle. How can someone help me and engage me to take small steps to improve the quality of my diet; to

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improve the amount of physical activity that I get each day. And so, it's almost like trying to get that person to step onto the escalator. You're very hesitant. Sometimes, if you get your arms full with various different things, and I think consumers today are--that our lives are very, very busy between work and family and community activities and so forth.

So how can we help to engage and meet consumers the way that they live today is critically important.

And we do need to ask consumers how do they use the information. If they see information on the front, how does that affect whether or not they turn the package over to look at the nutrition facts panel. The nutrition facts panel is extremely useful for providing nutrition information. Thank you.

DR. BRUGARD KONDE: Asa Brugard Konde from the Swedish National Food Administration.

As I said when I started my presentation, it has been very interesting to be here and listening to what you are saying about this problem. Many things are similar to what we are discussing in Sweden. One thing that has not been mentioned very much is the socio-economic differences

behind the obesity problem. There was a recent study in Stockholm, in Sweden, where you can see--the results showed that obesity were six times higher, the frequency of obesity was six times higher among children in less socio-economic--in poorer areas of Stockholm, although Stockholm or Sweden is known for not being a very segregated region, but, even there, it was such big differences. And I don't know how much labeling is important for the socio-economic weak groups, but I think we have to take that thing into consideration as well; that if it's possible the labeling should also apply or be understandable about in those groups.

DR. DIETZ: Bill Dietz. I'm from the CDC.

I'd like to begin by congratulating the FDA on assembling a really stimulating meeting, and I'm very grateful to the speakers from this morning and this afternoon for really providing me with insights into this field, which I didn't have before.

And finally, I need to emphasize that I'm not speaking for the CDC or HHS.

This issue of messages I think is very important. And from the perspective of weight management, the issue is

calories, and it doesn't matter whether you're talking about weight gain, weight maintenance or weight loss. The issue is calories, and I think that's what we need to provide information to for consumers.

I think there's another essential element of messaging that we haven't addressed. And that is how do we engage consumers around this issue? We haven't talked about that.

And, although Sue said, in one of her slides, I think it was Sue, that concern about obesity was increasing, I suspect that most people who are obese, with a BMI over 30, don't consider themselves obese. That's not me.

How do we engage the general population in this issue of weight, and I think that's something we haven't addressed.

Now, I was also impressed by the confusion about serving size and portion, and I suspect that we--that what we should be aiming at if--in this issue of educating consumers about calories is telling them about the calories in a container. I don't think that we can stop there, but the ice cream example, I think, would respond--people would be much more responsive to the calories in that container of

ice cream than the calories per serving size or portion, which are going to be individually interpreted.

And, in the case of more compact items, like cookies, maybe calories per item within the container.

But if we're really going to allow people to compare products, it seems to me, we might want to consider calories per volume; that is caloric density, which is not something that we've discussed, and I'll come back to in a minute.

Based on Karen Miller-Kovach's presentation, I don't think we can assume that we're going to educate consumers about things like glycemic index, or the sensory specific satiety, or the satiating effects of protein, but for consumers to make educated choices about what diet they're going to follow to control their weight, they need information about carbohydrate and protein and fat on the label.

And just because we're focusing now on weight, doesn't mean we can dispense with what we know about these other elements of the label, which are so relevant to health, like saturated fat, transfat, and sodium.

It seems to me, though, we also need to think beyond, a little bit beyond the label, about biological and behavioral strategies which favor the intrinsic regulation of energy balance. And one of those, which several speakers alluded to, was the volume of food; that there is this emergent field that we eat volumes of food, in which case the density becomes a significant consideration. If you eat, less dense foods, and you--volume is what's satiating, then you're going to eat less and you're going to autoregulate. You don't need a label or something to tell you about that, except to tell you what the caloric density is. The other promise of that strategy is that it gets around this deprivation issue. You don't have to eat less to maintain your weight, which I think is a significant element.

The other behavioral piece, which I hadn't thought about before Brian's presentation, was the issue of packaging. And that seems to me to be a win-win situation, because if you can offer a consumer something which looks big, but contains the same amount of calories as something that looks smaller, then, it seems to me, you meet the added

value demand; and that's not a labeling issue, but that's a supply issue, which I think is quite promising.

My final comment is that I think we have to be prepared to change. After all, this is a new epidemic. And, as every speaker said, we have limited information regarding cause, and this is going to change as new research becomes available. And I would say that if they're not changes that we need to make in the label within 10 years, then we haven't been doing the right research.

DR. CASWELL: Good afternoon. I'm Julie Caswell from the University of Massachusetts. I'd like to make some comments that have to do with the experience under NLEA in the 1990s that might point to the future and some ideas for the future in terms of messages on labels.

One of the obvious impacts of NLEA was the increase in the amount of information that was available in the market on nutrition, and it was a dramatic increase in the amount of information from the mandatory nutrition facts side.

The other thing that happened in the 1990s from pre-NLEA to post-NLEA was a total, a very large distribution of which types of products were making nutrient content

claims. We'd done some research on this. There's a slide in your notebook. Some product categories, as much as a 30 percent decrease in the percentage of products in those categories that were making nutrient content claims. So you had some categories of products where claim, voluntary claim activity went down dramatically, and you had other categories where voluntary claim activity went up dramatically. And so the impact of the labeling regulation on the signaling in the market as to who can make a claim, who can't make a claim. And that experience that we've had in the 1990s, I think is very important as we think about how to change the labels in the near future.

The other thing I want to comment about what happened and didn't happen under NLEA: there was an expectation or some thought that the fact that we had this nutrition labeling so widely available would lead to a trend towards product reformulation, and that we would have kind of an effect where the whole nutrient--the whole food supply got more nutritious in some respect. Our research, we looked at 10 product categories, and we found, at least up until 1999, that that really didn't happen; had a lot of entry of products that were more nutritious in one dimension

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or another, but you also had a lot of exit of those products as well. And the overall impact in terms of what is happening to the nutritional quality if you want to think about it on fat dimension, calorie dimension, et cetera, in the 1990s, we didn't see that impact.

So, I'm more skeptical now than I was 10 years ago that labeling can influence product formulation in the market. What it can, of course, influence is the amount of information that people have generally available to them. And a point that I would make to preview into or segue into our next panel is that as we think about changes to the nutrition panel on packaged, that it be consistent with the messages that we're giving on away-from-home food. As you all know, we're now to the point where the breakdown of expenditures is about 50 percent away from home and 50 percent at home. And so, if we're doing something in the at-home market to emphasize weight management, then that information platform needs to extend across the whole food supply and be consistent across the whole food supply. Thank you.

MS. HENRY: Hi. I'm Rona Henry with the Robert Wood Johnson Foundation. And based on what I've heard

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today, and the discussions at the Foundation, my priorities, my conclusions about priorities can be summarized with four P's: populations, portions, prominence, and policy.

Under populations, I think we need to be considering the 40 million Americans over age 16 who have low literacy skills, who are non-English speaking, the children and adolescents, and the group that I call the too busy. Lauren Haldemann and colleagues have done a nice job with their bilingual color-coded label. But I think it's still more work needs to be done to further simplify it. Children and adolescents now have spending power--are spending more than \$30 billion a year. And I think that's a consumer group we need to think about. They're learning about the food pyramid, and food labels in schools, but we still need to make that easy for them to use. And then the group that's too busy. The reason that people say that they don't use the labels is it's too complicated and too time consuming. So we need to really think about keeping it simple and keeping it understandable. So we need to use creative marketing techniques to make it understandable. For instance, using teaspoons, common measurements, instead

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of grams that are more abstract and other kinds of abstract measurements.

Under portions, I would agree with the talk about getting some harmonization between portion sizes on the food pyramid and the food label. But I think the key question is which way to do you go? Do you try to promote the lower portion to reduce how much people are eating or do you go with what's actually being eaten?

I think we also in terms of portions need to be paying attention to kids. Obviously, this is going to be challenging because kids come in all shapes and sizes. But I think we do need to try and acknowledge on the label that kids should not be eating adult-sized portions.

And I am intrigued with this notion of trying to equate the energy intake of the servings with the energy expenditure needed to use the calories listed. I think that's an area, you know, how many minutes of jumping rope might be kind of interesting to do some research on, and see if it makes any difference.

On prominence. Related also to the portion sizes is that the I think that the portion sizes and the serving sizes need to be much more prominent on the front of the

label in big letters. This is especially true for eat-on-the-go packaging that appear to be single-serving, but, in fact, are often more than two. Beverages are particularly problematic in this area. And I think we should really try to decide what are the most important elements to highlight in a concise clear message. We need to simplify things. Try to gain a scientific consensus on the few things that could be communicated in the logo. And a logo is very interesting and promising and shows that people do understand that logos--studies have shown that people understand that logos are for healthy foods. But they also have found that people would see that foods without logos can be healthy. So perhaps we need to be thinking about a kind of movie rating or TV rating system where everything gets rated.

And then on the policy, there's--I think we need to be striving for closer alignment with the public translation of three important policy and communication initiatives unfolding right now in parallel fashion. The labeling reforms that we're talking about today. The dietary guidelines revisions. That's a process that's underway, and should be scheduled to wrap up in a year or so. And the revision of the current food guide pyramid.